



Bob Riley
GOVERNOR

STATE OF ALABAMA
**BOARD OF HEATING & AIR
CONDITIONING CONTRACTORS**

100 N. Union St., Suite 630
Montgomery, AL 36130
(334) 242-5550

Toll Free: (866) 855-1912
Fax: (334) 353-7050

www.hvacboard.state.al.us



Kathy S. LeCroix
EXECUTIVE DIRECTOR

2007 BUSINESS INFORMATION

Business Name: _____

(_____) _____
Business Phone Number

(_____) _____
Fax Phone Number

(_____) _____
Cell Phone Number

(_____) _____
Home Phone Number

Mailing Address

City County State Zip

Physical Location Of The Business

_Sole Proprietorship/Individual _Partnership _Corporation _LLC **Enclose all Corporation or LLC documents**

The following individual(s) is regularly employed by or is the sole owner of this organization and is in Responsible Charge as defined in Section 34-31-18 (7) for all heating and air conditioning work performed by this organization.

LIST OF CERTIFIED CONTRACTORS

Please list all contractors and their certification numbers
New applicants will be issued a certification when application is filed:

(1) _____ Certification # _____

(2) _____ Certification # _____

(3) _____ Certification # _____

I wish to inform you that the name listed above is a bona fide active heating and/or air conditioning organization as described on this information sheet and that all information hereby submitted is complete and accurate.

If a sole proprietorship, sign here: _____
Date

If a partnership, all partners sign here: _____
Date

If a corporation, president sign here: _____
Date



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2006 CONTRACTOR INFORMATION

Individual's Name Certification # (_____) Home Phone

Home Address

City County State Zip

I conduct business in the following manner: ☐ Individual ☐ Partnership ☐ Sole Proprietor ☐ Inactive
☐ Corporation ☐ LLC Enclose all Corporation or LLC documents

Business Name (_____) Business Phone

Active License Fee: \$150.00

Inactive License Fee: \$75.00

If you wish to pay by **Credit Card**, please enter the credit card information below:

Check One: Visa ☐ Mastercard ☐

Card Number: _____

Expiration Date: _____ **Signature:** _____ **Date:** _____

In accordance with Code of Alabama 1975, Section 34-31-18 to 34 (1982/1986 Supplement), I hereby declare that all information submitted is complete, true and correct.

Signature Of Applicant Date

Social Security Number

DATE RECEIVED:

FOR BOARD USE ONLY:

Check # _____

Amount \$ _____

CONTRACTOR LICENSE BOND

BOND# _____

KNOW ALL MEN BY THESE PRESENTS, That we _____

Business Name Only

_____ of _____,

Address

as Principal, and _____, as Surety, are held and firmly bound unto the State of Alabama Board of Heating and Air Conditioning Contractors, created by the provisions of Code of Alabama 1975, §34-31-18 to 34 (1982 Supplement), in the amount of ten thousand dollars (\$10,000.00) for payment whereof well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

The condition of the foregoing obligation is such, however, that,

Whereas, the said Principal is engaged in the business of heating and air conditioning contracting in the State of Alabama, now if the said Principal shall faithfully observe all ordinances and laws of the State of Alabama and of any municipal corporation and county of this State, within which the Principal shall engage in any work, pertaining to said business or businesses, whether now or hereafter enacted, together with all rules, regulations and building codes established under the authority of said laws or ordinances; and shall perform in a workmanlike manner all work undertaken by said Principal in the prosecution of said business or businesses; and shall indemnify and save harmless the aforesaid State Board of Heating and Air Conditioning Contractors from all liability occasioned or arising from acts done or omitted by said Principal, its servants or agents, in doing said work or from any unfaithful or inadequate work; and shall defend all suits brought against the State Board of Heating and Air Conditioning Contractors based, in whole or in part, upon any act of default for which said Principal is responsible, and pay the costs and expenses thereof, and pay such damages as any person, firm or corporation may sustain by reason of violation of said laws, ordinances, rules, regulations or building codes by said Principal, its servants or agents, or by reason of the negligence of said Principal, its servants or agents, in the prosecution of said business or businesses, then this bond to be void, otherwise to remain in full force and effect.

Except as to liability accruing prior to the effective date of cancellation, the surety's liability on this bond shall be terminated fifteen (15) days after receipt by the Secretary of State Board of Heating and Air Conditioning Contractors of written notice of the surety's intent to cancel.

IN WITNESS WHEREOF, the said Principal and the said Surety have hereunto set their hands and seals at _____,

Address

_____ on this date _____.

State

Date

Surety's Agent By _____ (Seal)
Principal

Mailing Address

City State Zip

Surety

Phone Number

By _____
Attorney -In-Fact